



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## \*BIBDATASHEET\*

CONFIRMATION NO. 3407

Bib Data Sheet

|   |   |                               |   |  |
|---|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/526,408  | <b>FILING OR 371(c) DATE</b><br>03/02/2005<br><b>RULE</b>   | <b>CLASS</b><br>250           | <b>GROUP ART UNIT</b><br>2881   | <b>ATTORNEY DOCKET NO.</b><br>1880-SPL |
| <b>APPLICANTS</b><br>Stefano A Livi, Ellicott City, MD;   |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US03/28208 09/10/2003<br>which claims benefit of 60/409,690 09/10/2002  |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 08/30/2006   |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>MD | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>20              |
|   |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>4         |
| <b>ADDRESS</b><br>Office of Patent Counsel<br>The John Hopkins University<br>Applied Physics Laboratory<br>11100 Johns Hopkins University, MS 7-156<br>Laurel, MD20723-6099   |   |                               |   |  |
| <b>TITLE</b><br>SPECTROGRAPH TIME OF FLIGHT SYSTEM FOR LOW ENERGY NEUTRAL PARTICLES   |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>700   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |